Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9-19-2010</u>	Address:	Gavin St & John
Case #:	2 <u>4F31903</u>		Weaver Parkway, Eklhart
County:	Elkhart		IN. 46517
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (d Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence		 Investigative Information □ Ephedrinc/Pseudocphedrinc Tracking Log □ Retail/Merchant Tip ○ Other:Trallic Stop 	
Fire Departm Health Departm Child Protect For further in Investigating ** This form	nent: Elkhart City FD riment: Elkhart County HD tion Service: nformation regarding this methamphe Officer: Trp. Andrew Cochran Phon is to be faxed to the Fire Department, Healt hin 24 hours of scene processing.	Fax: <u>574-52</u> Fax: <u>(574) 8</u> Fax: tamine laboratory, core <u>574-546-4900</u>	2-0801 175-337 <u>6</u> ntact

This form is to be included with the case fife, and a copy sent to the Clandestine Laboratory Team Leader for retention.